



**ANCILLARY
PROVIDER NETWORK
PARTICIPATION REQUEST FORM**

Instructions to Ancillary Provider:

- This form allows ancillary providers to request participation in the Health Net of California network.
- Please type or print legibly. Incomplete forms will not be considered.
- Health Net will review request to ensure requirements for participation are met, as well as filling network needs for specialty. Health Net will respond to the request within 30 working days from date of receipt of this form.
- Please note that acceptance of a provider’s request form does not guarantee acceptance into the Health Net Ancillary Provider Network.

PROVIDER INFORMATION			
PROVIDER NAME:			
<small>STREET:</small>			
ADDRESS:			
<small>CITY:</small>		<small>STATE:</small>	<small>ZIP CODE:</small>
TELEPHONE #:		FAX #:	
NPI #:			
EMAIL ADDRESS:			
ANCILLARY SPECIALTY(S)¹:			
TAX ID #(s):		CONTRACTING CONTACT:	
MEDICARE CERTIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No			
MEDI-CAL PARTICIPANT: <input type="checkbox"/> Yes <input type="checkbox"/> No			
MULTIPLE LOCATIONS: <input type="checkbox"/> Yes <input type="checkbox"/> No		SERVICE AREA:	
ADDITIONAL INFORMATION:			

COVERED ANCILLARY SPECIALTIES

- | | |
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| <ul style="list-style-type: none"> Ambulance/Transportation Ambulatory Surgery Center (ASC) Birthing Centers Community Based Adult Services (CBAS) Dialysis Facilities Durable Medical Equipment (DME) Family Planning Clinics Hearing Aid Providers Home Health Home Infusion | <ul style="list-style-type: none"> Hospice Intermediate Care Facility (ICF) Laboratory Long Term Acute Care (LTAC) Orthotics/Prosthetics (O&P) Ostomy & Medical Supplies Radiology/MRI/PET Skilled Nursing Facilities (SNF) Sleep Study Centers |
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RETURN THIS FORM WITH A W-9 TO:

Email: PNM_ANCILLARY_Updates@healthnet.com